### **FORM D**

Mall Dressing Mall Dression UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# **FORM D**

OMB APPROVAL
OMB Number: 3235-0076
Expires: June 30,2008
Estimated average burden
hours per response. . . . . 16.00

Washington, DC

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY							
Prefix		Sarial					
DATE RECEIVED							

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Series B Preferred Units	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing  Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	THE STATE OF THE S
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	08059091
Compendium Software, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
55 Monument Circle, Suite 1400, Indianapolis, IN 46204	317-536-6042
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices) Same	Same
	Same
Brief Description of Business Software development	
Contrait development	PROCESSED
The Control of the Co	INCOLOGED
Type of Business Organization    corporation   limited partnership, already formed   other (	please specify):   SEP 042008
	1.4
	Dility company THOMEON DELITEDS
Month Year  Actual or Estimated Data of Incorporation or Organization: [A-1-] [A-2-] [	THOMSON REUTERS
Actual or Estimated Date of Incorporation or Organization: 0 7 0 6 Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	
CN for Canada; FN for other foreign jurisdiction)	

### GENERAL INSTRUCTIONS

#### Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

										<del> </del>
,				A. BASIC ID	ENTH	FICATION DATA				
2. Enter the information re	equest	ed for the fo	llowin	ıg:						
<ul> <li>Each promoter of</li> </ul>	the iss	uer, if the is:	suer h	as been organized w	vithin	the past five years;				
<ul> <li>Each beneficial ow</li> </ul>	ner ha	iving the pow	er to	vote or dispose, or di	rect th	e vote or disposition	of, 10	% or more o	of a clas	s of equity securities of the issuer.
<ul> <li>Each executive off</li> </ul>	ficer a	nd director o	f corp	orate issuers and of	corpo	rate general and mai	naging	partners o	f partne	ership issuers; and
<ul> <li>Each general and t</li> </ul>	manag	ing partner o	of part	nership issuers.						
Check Box(es) that Apply:		Promoter	Ø	Beneficial Owner	Ø	Executive Officer	<b>/</b>	Director		General and/or Managing Partner
Full Name (Last name first, i	if indi	vidual)								
Business or Residence Addre 55 Monument Circle, Su				t, City. State, Zip Co , IN 46204	ode)					
Check Box(es) that Apply:		Promoter	Ø	Beneficial Owner	Z	Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, i Sales, Alison	if indi	vidual)								
Business or Residence Addre 55 Monument Circle, Suit					ode)					
Check Box(es) that Apply:		Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Irons, John Michael	if indi	vidual)								
Business or Residence Addre 2802 W. 96th St., Indiana			Street	t, City, State, Zip Co	ode)					
Check Box(es) that Apply:		Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Stratman, Dean	if indi	vidual)		•••						
Business or Residence Addre 1153 W. 700 North, Gree				t, City, State, Zip Co	ode)					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	if indi	vidual)	-					•••		
Business or Residence Addre	ess (	Number and	Street	t, City, State, Zip Co	ode)					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f indi	vidual)							•	The state of the s
Business or Residence Addre	ess (	Number and	Street	, City, State, Zip Co	ode)					<del>"</del>
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f indi	vidual)		·					<del></del>	
Business or Residence Addre	ss ()	Number and	Street	, City, State, Zip Co	ode)				-	

	B. INFORMATION ABOUT OFFERING												
1,	Has the	issuer sol	d, or does t	he issuer i	ntend to se	li to non-a	ccredited i	nvestors ir	this offer	ing?		Yes	No <b>⊠</b>
••	rius tiic	tobact box	u, or uoos r			ı Appendix				-		Ľ	
2.	What is	the minin	num investn			= :		_				\$_5,2	200.00
		<i>aa</i> .										Yes	No
3.													
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Ful N/		Last name	first, if ind	ividual)									
Bu	siness or	Residence	Address (N	Number and	d Street, C	ity, State, 2	Cip Code)		-				-
Nai	me of As	sociated B	roker or De	aler		·							
Sta	tes in Wh	ich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers		<u>.</u>	_		-	
	(Check	"All State	s" or check	individual	States)		********		• • • • • • • • • • • • • • • • • • • •			☐ Al	1 States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (	Last name	first, if ind	ividual)									
Bu	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)		. <u> </u>		<del></del>		
Nai	me of As	sociated B	roker or De	aler			<del></del> -						
Sta	tes in Wh	nich Persor	ı Listed Has	s Solicited	or Intends	to Solicit	Purchasers		· · · · ·				
	(Check	"All State:	s" or check	individual	l States)		•••••			***************************************		☐ Al	1 States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FŁ MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (	Last name	first, if ind	ividual)									
Bus	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)				•		
Nai	me of As:	sociated B	roker or De	aler									
Sta	tes in Wh	ich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State:	s" or check	individual	States)	••••••					•••••	☐ AI	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## . C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

I.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and		
	Type of Security	Aggregate Offering Price	Amount Already Sold
		_	
	Debt		
	Equity	2,000,000.00	\$ 1,022,044.28
	Common Preferred		
	Convertible Securities (including warrants)		
	Partnership Interests	-	
	Other (Specify)	0.000.000.00	\$
	Total	2,000,000.00	<u>\$ 1,622,044.28</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$ 1,622,044.28
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		S
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$_6,000.00
	Accounting Fees	<del>_</del>	\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	_	s
	Total		6.000.00

	. C. OFFERING PRICE, NUMBE	R OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — Qu proceeds to the issuer."	estion 4.a. This difference is the "adjusted gross		1,994,000.00
5.	Indicate below the amount of the adjusted gross proce each of the purposes shown. If the amount for any p check the box to the left of the estimate. The total of th proceeds to the issuer set forth in response to Part C	purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to	
			Officers,	
			Directors, & Affiliates	Payments to Others
	Salaries and fees	[		
	Purchase of real estate		<b></b>	. 🗆 \$
	Purchase, rental or leasing and installation of machin	nery <sup>.</sup>	<b>-</b> .	
	and equipment	_		_
	Construction or leasing of plant buildings and facilit	_	\$	. 🗆 \$
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets issuer pursuant to a merger)	or securities of another	¢	□ <b>(</b>
	Repayment of indebtedness	-	-	_
	Working capital			
		<del>-</del>	_	_
	Other (specify):			. L 3
				. 🗆 \$
	Column Totals	[	s_0.00	<b>1,994,000.0</b> 0
	Total Payments Listed (column totals added)	\$ 1,994,000.00		
Г		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the un nature constitutes an undertaking by the issuer to furnis information furnished by the issuer to any non-accred	sh to the U.S. Securities and Exchange Commis	sion, upon writte	tle 505, the following en request of its staff,
	uer (Print or Type)		Date	
C	ompendium Software, LLC	Elusia !	August <u>/ 8</u> , 200	08
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)	<del></del>	<u> </u>
Alis	on Sales F	President		
_				

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification	Yes	Nσ
	provisions of such rule?		K

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Compendium Software, LLC	Celungen	August <u>/ 9</u> , 2008
Name (Print or Type)	Title (Print or Type)	
Alison Sales	President	

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

#### **APPENDIX** 1 , 2 3 4 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited Yes No Investors **Investors** Yes No State Amount Amount AL $\mathsf{AK}$ AZARSeries B Preferred Units \$2,000,000 CA 1 \$34,996.00 \$0.00 × 0 CO CTDE DC Series B Preferred Units \$2,000,000 1 \$39,000.00 0 \$0.00 X FL GAHI ID Series B Preferred Units \$2,000,000 \$9,118.54 \$0.00 IL × 0 Series B Preferred Units \$2,000,000 IN 19 0 \$0.00 × \$1,283,729.74 ĪΑ KS KY LA ME MDSeries B Preferred Units \$2,000,000 × 1 \$100,000.00 0 MA \$0.00 × ΜI MN MS

#### **APPENDIX** , 2 3 4 1 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach offering price Type of investor and explanation of to non-accredited offered in state amount purchased in State waiver granted) investors in State (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) Number of Number of Accredited Non-Accredited Yes Investors Investors No State Yes No Amount Amount MO MT NE NVNH Series B Preferred Units \$2,000,000 NJ 0 \$0.00 X \$50,000.00 NM NY NC ND ОН OK Series B Preferred Units \$2,000,000 X OR 1 \$5,200.00 0 \$0.00 X PA RΙ SC SD Series B Preferred Units \$2,000,000 TN 1 \$100,000.00 0 \$0.00 X X TX UT VT VAWA WV WI

• APPENDIX															
1		2	3 4				4								
	to non-a	to sell accredited is in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			Type of investor and amount purchased in State			amount purchased in State					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No						
WY															
PR															

